

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN313AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2008
NAME OF PROVIDER OR SUPPLIER MOUNTAIN SPRINGS ASSISTED COMM		STREET ADDRESS, CITY, STATE, ZIP CODE 2765 N MOUNTAIN STREET CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 8/7/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 23. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 8/7/08, the facility did not ensure 4 of 8 caregivers had evidence of receiving at least eight hours of annual training. Findings include: The employee training documents maintained by the facility listed the dates and start times of training, but did not list the length of time the employees spent in each of the trainings. It could not be determined if Employees #5, #6, #9 and #10 had attended at least eight hours of training	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 in the last 12 months. Severity: 2 Scope: 3	Y 070		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 8/7/08, the facility did not have evidence of obtaining agreements authorizing the facility to administer medications to 6 of 10 residents. Findings include: The files for Residents #3, #4, #6, #7, #8 and #10 did not contain signed ultimate user agreements authorizing the facility to administer medications to the residents. Severity: 1 Scope: 3	Y 876		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused	Y 883		

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Y 883	<p>Continued From page 2 or missed.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, the facility did not ensure a resident's physician was notified within 12 hours after 1 of 10 residents missed a medication.</p> <p>Findings include:</p> <p>Resident #5: During review of the resident's August 2008 medication administration record (MAR), it was noted that Metoprolol ER 25 mg, one tablet daily, was documented on the back of the MAR as not given at 8:00 AM on 8/2/08, 8/4/08, 8/5/08, and 8/6/08 because the medication was not available. Metoprolol is a blood pressure medication. The medication technician (MT) supervisor was asked for documentation showing that the resident's physician was notified within 12 hours of the resident not receiving the medication on those dates. She was unable to locate any evidence the resident's physician was notified.</p> <p>Continued review of this resident's record revealed Celebrex 200 mg, one tablet daily, was designated to be given at 5:00 PM on the July 2008 MAR. On the dates of 7/19/8 (documented twice), 7/21/08, and 7/22/08, it was documented as not being available to give to the resident. The medication supervisor was asked for copies of documentation that the resident's physician was notified within 12 hours of the resident not receiving the medication on those dates. No such documentation was provided.</p>	Y 883			

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Y 883	Continued From page 3	Y 883		
Y 936 SS=D	<p>Severity: 2 Scope: 1</p> <p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/7/08, the facility did not ensure 1 of 10 residents met the requirements for initial tuberculosis (TB) testing.</p> <p>Findings include:</p> <p>Resident #1 was admitted on 7/12/08. The resident had a negative one-step TB test completed on 7/18/08. There was no evidence in the file of a second step. The resident requires another one-step TB test to meet the two-step requirement.</p> <p>Severity: 2 Scope: 1</p>	Y 936		

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